



**INDIVIDUAL QUARTERLY STATEMENT
OF ESTIMATED INCOME TAX DUE**



VISA/MasterCard/Discover Accepted

Account Number _____
Expiration Date _____
Name on Card _____
Signature _____

**VOUCHER 2
(CALENDAR YEAR - DUE
JULY 31)**

Note: For declaration of estimated taxes,
you will receive no further notice

Estimated tax (or amended estimated tax)
For the year ending _____
(month and year)
\$ _____

1. Amount of this installment.
2. Amount of unused overpayment credit
If any applied to this installment.
3. Amount of this installment payment.
(Line 1 minus Line 2)

B. Overpayment for last year
credited to estimated tax for this
year.
\$ _____

1. \$ _____
2. \$ _____
3. \$ _____

2nd QUARTER PAYMENT DUE 7-31-2005
BE SURE YOUR NAME, SOCIAL SECURITY NUMBER AND TAX ACCOUNT APPEARS ON EACH VOUCHER BEFORE MAILING TO:
CITY OF GAHANNA, INCOME TAX DEPARTMENT, PO BOX 640308, CINCINNATI, OH 45264

DO NOT SEND CASH THROUGH U.S. MAIL



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Signature _____

**VOUCHER 3
(CALENDAR YEAR - DUE
OCT 31)**

Note: For declaration of estimated taxes,
you will receive no further notice

Estimated tax (or amended estimated tax)
For the year ending _____
(month and year)
\$ _____

1. Amount of this installment.
2. Amount of unused overpayment credit
If any applied to this installment.
3. Amount of this installment payment.
(Line 1 minus Line 2)

B. Overpayment for last year
credited to estimated tax for this
year.
\$ _____

1. \$ _____
2. \$ _____
3. \$ _____

3rd QUARTER PAYMENT DUE 10-31-2005
BE SURE THE YOUR NAME, SOCIAL SECURITY NUMBER AND TAX ACCOUNT APPEARS ON EACH VOUCHER BEFORE MAILING TO:
CITY OF GAHANNA, INCOME TAX DEPARTMENT, PO BOX 640308, CINCINNATI, OH 45264

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OF ESTIMATED INCOME TAX DUE**



VISA/MasterCard/Discover Accepted

Account Number _____
Expiration Date _____
Name on Card _____
Signature _____

**VOUCHER 4
(CALENDAR YEAR - DUE
JAN 31, 2006)**

Note: For declaration of estimated taxes,
you will receive no further notice

Estimated tax (or amended estimated tax)
For the year ending _____
(month and year)
\$ _____

1. Amount of this installment.
2. Amount of unused overpayment credit
If any applied to this installment.
3. Amount of this installment payment.
(Line 1 minus Line 2)

B. Overpayment for last year
credited to estimated tax for this
year.
\$ _____

1. \$ _____
2. \$ _____
3. \$ _____

4th QUARTER PAYMENT DUE 01-31-2006
BE SURE YOUR NAME, SOCIAL SECURITY NUMBER AND TAX ACCOUNT APPEARS ON EACH VOUCHER BEFORE MAILING TO:
CITY OF GAHANNA, INCOME TAX DEPARTMENT, PO BOX 640308, CINCINNATI, OH 45264

DO NOT SEND CASH THROUGH U.S. MAIL